

COUNTY COUNCIL FOR THE SOKE OF PETERBOROUGH.

PUBLIC HEALTH REPORT FOR THE YEAR 1917.
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I present a brief type-written report on the health and sanitary circumstances of the County.

Dr Collins has continued to hold the appointments of Medical Officer of Health to the Peterborough Borough and Rural District Councils and School Medical Officer to the City Education Authority and the Soke of Peterborough Education Authority.

Dr Greenwood continues as Medical Officer of Health to the Barnack Rural District Council and Mr Rushmore, C.R.S.I., still acts in the place of Mr Bailoy as Sanitary Inspector to the Barnack Rural District.

During the year a conference was held at the wish of the Council for the City of Peterborough to see if a combination of their Public Health Department with that of the County and District Councils could be effected, not only with regard to infant welfare, but also with regard to all the public health activities of the two Councils. Representatives of the County, the City and Rural Districts of Peterborough and Barnack attended. Owing to legal difficulties no progress could be made and the proposition was postponed to a more convenient season.

POPULATION.

The estimated civilian populations are as follows:-

City of Peterborough.	34920
Rural District of Peterborough.	9475
Rural District of Barnack.	1859
ADMINISTRATIVE COUNTY.	45254

If, however, an estimate of the population is made on the basis that the ratio between the civil and military population is the same as for England and Wales as a whole, the estimate is higher and is as follows:-

City of Peterborough.	38926
Rural District of Peterborough.	9447
Rural District of Barnack.	2072
ADMINISTRATIVE COUNTY.	50445

The first of these estimates is used for calculating the death rate

and the second the birth rate.

BIRTH RATE.

City of Peterborough	No of births.	593	Rate	15.23
R.D. of Peterborough.	" "	180	"	12.05
R.D. of Barnack.	" "	28	"	13.45
ADMINISTRATIVE COUNTY."	" "	801	"	15.67

There is a considerable decrease in the number of births recorded. Last year there were 966 births, 722 of these being attributed to the City. In 1915 there were 940 births; in 1914 898; in 1913 944; and in 1912 930.

The highest birth rate is recorded in the Peterborough Rural District and the lowest in the Barnack Rural District.

The birth rate for England and Wales as a whole is 17.8 and for the 148 smaller towns, of which Peterborough is one, 18.0. The birth rate, is therefore, considerably lower than in other parts of England. 57 children were born out of wedlock as compared with 51 in 1916, 34 in 1915, 49 in 1914, 64 in 1913 and 59 in 1912. There has been no increased illegitimacy owing to the War, either in this or in other Counties, but already powerful voluntary organisations are being formed for guarding the health of the unmarried mother and her child and officially, the Local Government Board gives a grant to local authorities who assist these unfortunates.

I have stated in previous reports that the mortality of illegitimate children in your area is very high and it would therefore, be advantageous to form a scheme for the prevention of this wastage of infant life.

From January 1st 1917 to December 31st 1917, 722 of the 801 births or 96% were notified to the County Medical Officer. 566 were notified from the City, 179 from the Peterborough Rural District and 27 from the Barnack Area. It will be observed that practically all the births were notified in the Rural Districts but 27 births out of the 593 in the City were missed. 523 of the births were notified by medical men, 134 by midwives, 5 by the registrars and 10 by friends. 366 of the 772 reported on were males, 382 females and in 4 notifications the sex was not stated.

There were 16 twin births.

DEATH RATE.

City of Peterborough.	No of deaths.	452	Rate	12.9
Rural District of Peterborough	" " "	111	"	13.0
Rural District of Barnack.	" " "	23	"	12.3
ADMINISTRATIVE COUNTY.	" " "	586	"	12.9

The total number of deaths in the administrative county was 586, giving a nett death rate of 12.9. Last year there were 614 deaths, the rate being 13.5 per 1000 of the population. In England and Wales as a whole the death rate was 14.4 per 1000 of the population; in the 96 great towns 14.6 and in the 148 smaller towns, of which Peterborough is one, 13.2. The highest death rate occurred in the Peterborough Rural District and the lowest in the Barnack area. The principal causes of death were - organic heart disease 55, bronchitis 55, cancer 54, pulmonary tuberculosis 46, other forms of tuberculosis 23, congenital debility 31, pneumonia (all forms) 19, Nephritis and Bright's Disease 15. Eight deaths were due to violence and five to suicide. The number of deaths due to heart disease and bronchitis is noteworthy and it is to be remarked that as many as 10 of 55 occurred in persons under 45 years of age. Again, 11 of the 55 deaths due to bronchitis and 11 of the 19 due to pneumonia occurred in young persons of a like age. The serious question of cardiac and respiratory diseases seems never to have interested the Local Government Board. The cause of these diseases is much better known than those which destroy infant life and I cannot help thinking that a campaign directed to the prevention and treatment of these ailments would yield a far better return than that directed to the preservation of infant life. That citizens of distinction should succumb in the height of their usefulness to cardiac, respiratory and renal diseases, which are to a great extent preventable, is one of the most cogent arguments for the compulsory examination of all adults. At present, medical inspection is limited to young persons between the ages of 5 and 14, the healthiest period of life, but even then treatment is not enforced. An interregnum of two years ensues where no medical supervision is at present provided, although the New Education Act of 1918 will, within the next seven years, obviate this difficulty.

At the age of 15 the Insurance Act provides for males and females in

receipt of less than £160 a year. Unfortunately, this Act does not provide for inspection but only for treatment of a very limited kind. To sum up, the State provides medical examination without treatment for the first and medical treatment without routine examination and supervision for the second period of life.

Again, dental treatment can be provided for all children between the ages of 5 and 14 years but not for male adults unless they are incurably insane, feeble-minded, afflicted with venereal diseases or with tuberculosis. The expectant mother can be treated for dental trouble but the expectant father is rigidly debarred from a like benefit. It is presumed that a Ministry of Health will remedy these absurdities which might have emanated from the pages of "Gulliver's Travels" and not from the regulations of Government Departments.

INFANT MORTALITY.

By rate of infant mortality is meant the ratio of the annual number of deaths among infants under one year of age to every 1000 births. The ratio for each area and for the County as a whole is as follows:-

<u>DISTRICT</u>	<u>NO OF DEATHS 1917</u>	<u>RATE</u>
City of Peterborough	50	84.3
Rural District of Peterborough	11	61.1
Rural District of Barnack	4	142.3
ADMINISTRATIVE COUNTY.	65	81.1

The infant mortality rate for the whole County is 81.1 per 1000 births as compared with 77.5 in 1916, 87.2 in 1915, 75.7 in 1914, 88 in 1913 and 104 in 1912. The highest rate is again found in the Barnack Rural District, where of 28 children born as many as four died before reaching the age of one year. The lowest rate was again obtained in the Peterborough Rural District.

50 children died in the City of Peterborough, a rate of 84.3 and 65 in the whole County, a rate of 81.1.

In England and Wales as a whole the infant mortality rate was 97; in the 96 great towns 104 and in the 148 smaller towns, of which Peterborough is one, 93 per 1000 births.

There is a decided increase in infant mortality throughout the whole Country. The principal causes of death among infants in 1917

were:-

Congenital debility	31
Bronchitis	7
Pneumonia	4
Diarrhoea	3
Other respiratory diseases	1
Other defined diseases	15
Measles	1
Other tuberculous diseases	1
Violence	1
Heart disease	1

16 of the 65 deaths or 24.6%, i.e., those due to bronchitis, pneumonia, measles and diarrhoea, are preventable, but the deaths due to congenital debility, which this year accounts for 47.6% of the total infant mortality, is a very different matter.

In this connection Dr Collins remarks that " three deaths due to congenital syphilis might be viewed as preventable inasmuch as suitable treatment of the mother during pregnancy would probably have resulted in the birth of a healthy child and it is probable that a certain number of premature births are due to this same cause. The three deaths from diarrhoeal diseases and two from rickets might also be viewed as to some extent preventable".

To ascertain how many infant deaths are due to syphilis it would be very advantageous if practitioners would avail themselves of the opportunities now afforded them of getting the Wassermann test for syphilis performed for them free of charge by Professor Doan at Manchester University.

Unfortunately, only 7 samples of blood were sent to the Laboratory by private practitioners, 4 of these being sent by one practitioner, 2 by another and 1 by a third. I have no record that any were sent from the two infant clinics.

Apart from syphilis, our knowledge as to the causation of deaths from congenital debility is rather limited, but this implies that further research by clinical as well as pathological methods is desirable and in no way justifies an authority refraining from setting up infant clinics. It must, however, be remembered that the setting up of such clinics bears little fruit if the filthy sanitary conditions of the homes are allowed to persist. A glance at the infant mortality rates in the manufacturing towns of different types as compared with rural populations bears this out. Thus, Bradford, with a maternity hospital of 20 beds, an infants hospital

1. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$

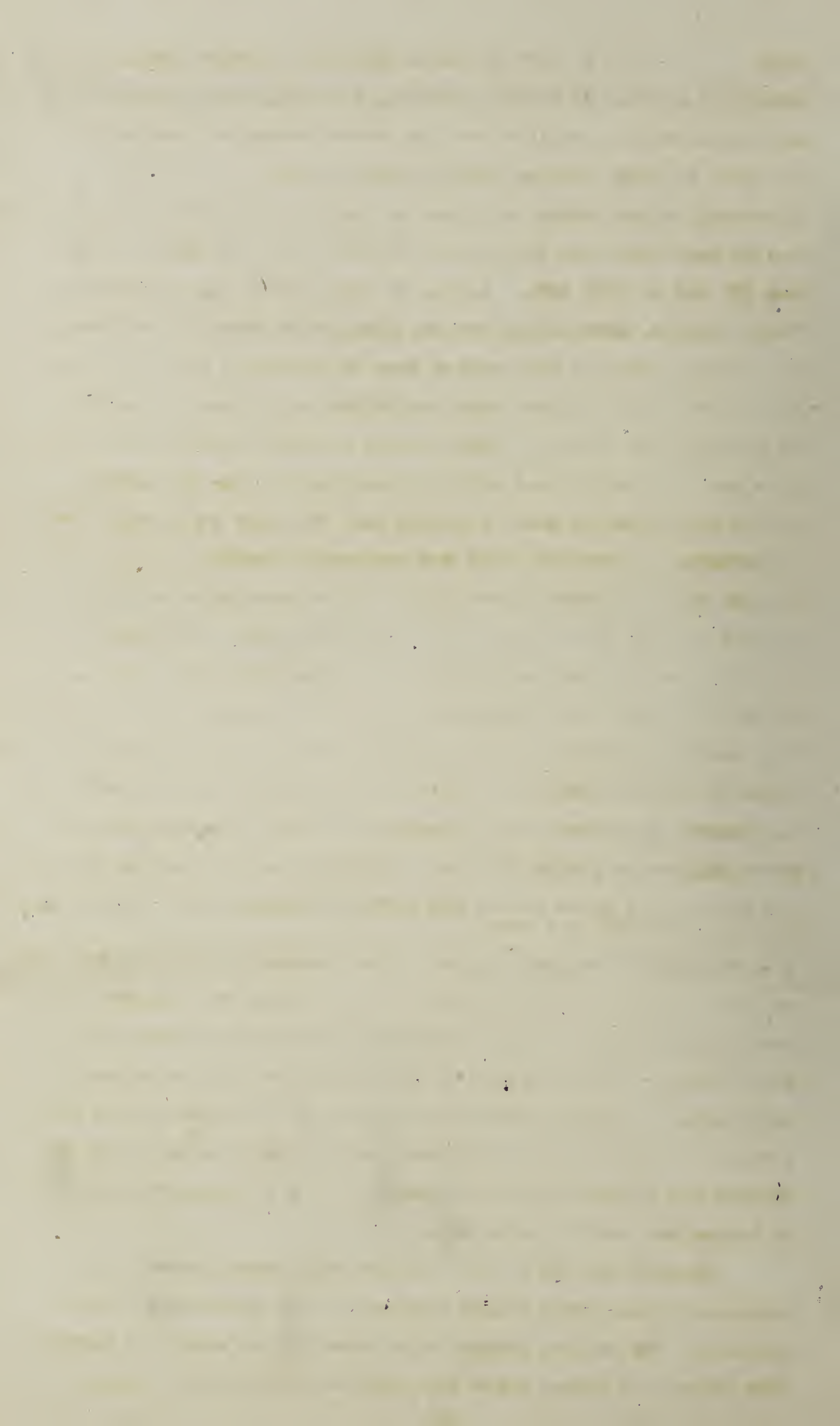
with 8 beds, a staff of three whole-time medical officers, 5 municipal nurses, 16 health visitors, 5 clerks, a dispenser and another attendant, still records an infant mortality rate of 120 for 1911 to 1914, 123 for 1915 and 119 for 1916.

Gateshead, on the other hand, has no health visitors or other officials and no hospitals, yet the infant mortality rate for 1912 to 1914 was 130 and in 1916 128. Again, in rural areas such as Berkshire, Cambridgeshire, Devonshire, Dorset, Gloucester, Hertford and Hants; the infant mortality rate varies from 68 to 79 per 1000. It would appear from these figures that the filthy conditions so prevalent in the Northern cities of this Country are most unsuitable to infant life and the sanitary and other circumstances lower the morale of the population to such an extent that they are quite unfit for parenthood, and explain fully the comparative failure of the schemes for preserving infant life. These conditions do not prevail in this County and it is, therefore, well worth while carrying out the recommendations of the Local Government Board.

Dr Collins reports that voluntary effort has established two clinics, (a), held at the Guild of Help Office, Queen Street, Peterborough, to which Dr Latham, Senior Physician to the Peterborough Infirmary, is the Medical Attendant, and is assisted by Nurse Warburton and by Nurse Holland as Health Visitor. 230 babies have been entered on the register at Queen Street and 1,369 attendances have been made, as compared with 435 last year.

(b), New England Branch, opened by the Mayoress on November 7th 1917, and held weekly at the P.S.A. Institute, to which Dr Peach-Hay is the Medical Advisor and Nurse Ireland, a certified midwife, the chief nurse. 53 babies are on the register and 318 attendances were made. Glaxo, Lactacol and Virol can be obtained from both centres. Several cases requiring small operations and cases of rickets and marasmus have been admitted to the Infirmary under Dr Latham and have all recovered.

Towards the end of the year the City Council decided to appoint one whole-time health visitor for the purpose of infant welfare. Dr Collins advised that these duties should be combined with those of a school nurse and that two new officers should be



appointed in addition to the present school nurse, who would also undertake health visiting in one of the City wards. The post was duly advertised but up to the time of writing this report (Sept. 1916) had not been filled owing to the death of suitable candidate.

On March 20th 1918, the County Council passed the scheme whereby six midwives are to be provided by the Northamptonshire District Nursing Association. The scheme is as follows:-

SCHEME for the formation of Six New Nursing Associations in the
Sole of Peterborough.

It is proposed that the villages to be covered should be formed into the following groups, each group to form a separate nursing association, for the maintenance of one nurse-midwife.

Name of Village.	No of births from 1/1/15 to 30/6/16	Population	Distance from nearest Doctor.
1. Walton	18	864	(Miller)
Werrington.	15	708	3
	33	1527	3

The Nurse to live at Werrington. A compact District.

2. Southorpe.	2	133	4
Barnack.	5	608	4
Stamford St Martins	4		
(Without)	11	1079	

The Nurse to live at Barnack. Stamford St Martins about 5 miles and Southorpe 1 mile from Barnack.

3. Eye	30	1352	3
4. Borough Fen.	2	162	5
Newborough.	11	723	5
	13	889	

The Nurse to live at Newborough. A large and scattered District.

5. Maxey.	9	349	2
Deeping Gate.	2	180	Dr. in place.
Northborough.	6	204	3
Glington.	11	322	4
Peakirk.	1 (1901)	239	
	29	1294	

The Nurse to live at Northborough, which is on the main road, about 1½ miles from Maxey, 1½ miles from Deeping Gate and about 2½ miles from Peakirk.

6. Peterborough Without.	33	1498	1 to 2
Gunthorpe.	2	87	1
Paston.	4	80	1
Newark.	1
Dogsthorpe.	
	39	1665	

The Nurse to live at Peterborough Without.

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1. Each Association shall be affiliated to the Northamptonshire District Nursing Association. The general lines of work shall be those laid down in the Handbook of the County Nursing Association.
 2. The work of the Nurses will be under the supervision of the County Superintendent, and as a matter of course, the midwifery work will be subject to the inspection of the Inspector of Midwives of the Soke County Council.
 3. The duties of the Nurses will include midwifery; maternity nursing in confinement cases where a doctor has been engaged; general nursing in cases of ordinary illness; the care of chronic invalids; the nursing of old-age pensioners and those in receipt of parish relief; and such co-operation with the public authorities in work relating to Maternity and Child Welfare as may be desired by arrangements between authorities and the County Association.
 4. The Nurse-midwives shall be fully qualified midwives, registered under the Midwives Act, with training in general nursing. No nurse shall be supplied who has had less than one year's training in midwifery and general nursing and whenever possible, nurses with three years' general training shall be supplied.
 5. The Nursing Associations shall be run on provident lines and the minimum subscription entitling a family to the services of the Nurse in cases of ordinary illness shall be 4/- a year.
 6. A minimum fee of 5/- shall be charged in maternity cases and a minimum fee of 15/- in midwifery cases. Cases of emergency among non-subscribers or visitors to the District will be undertaken at higher fees.
 7. Each Association shall be managed by a Committee to be elected by the subscribers at their annual meeting.
 8. The accounts of receipts and expenditure of each Association shall be kept and published annually.
 9. The rules of each Association shall be, as far as is practicable, and subject to the decision of the local Committee in each case, the Model Rules published in the Handbook of the County Nursing Association.
 10. Any grants which the County Council may make towards the establishment and maintenance of these Associations shall be made subject to the approval of the Local Government Board, direct to the County Nursing Association, and shall be distributed by the latter at their discretion among the District Nursing Associations.
 11. The accounts of the receipts and expenditure of the County Nursing Association shall be submitted for the inspection of the County Council when desired.
 12. The Public Health Committee of the County Council of the Soke of Peterborough shall be entitled to three representatives on the Executive Committee of the County Nursing Association.
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This Scheme has been approved by the Local Government Board.

During the year the County Council made a grant of £10 to the funds of the Wansford District Nursing Association which works in the

Villages of Wansford, Sutton and Upton.

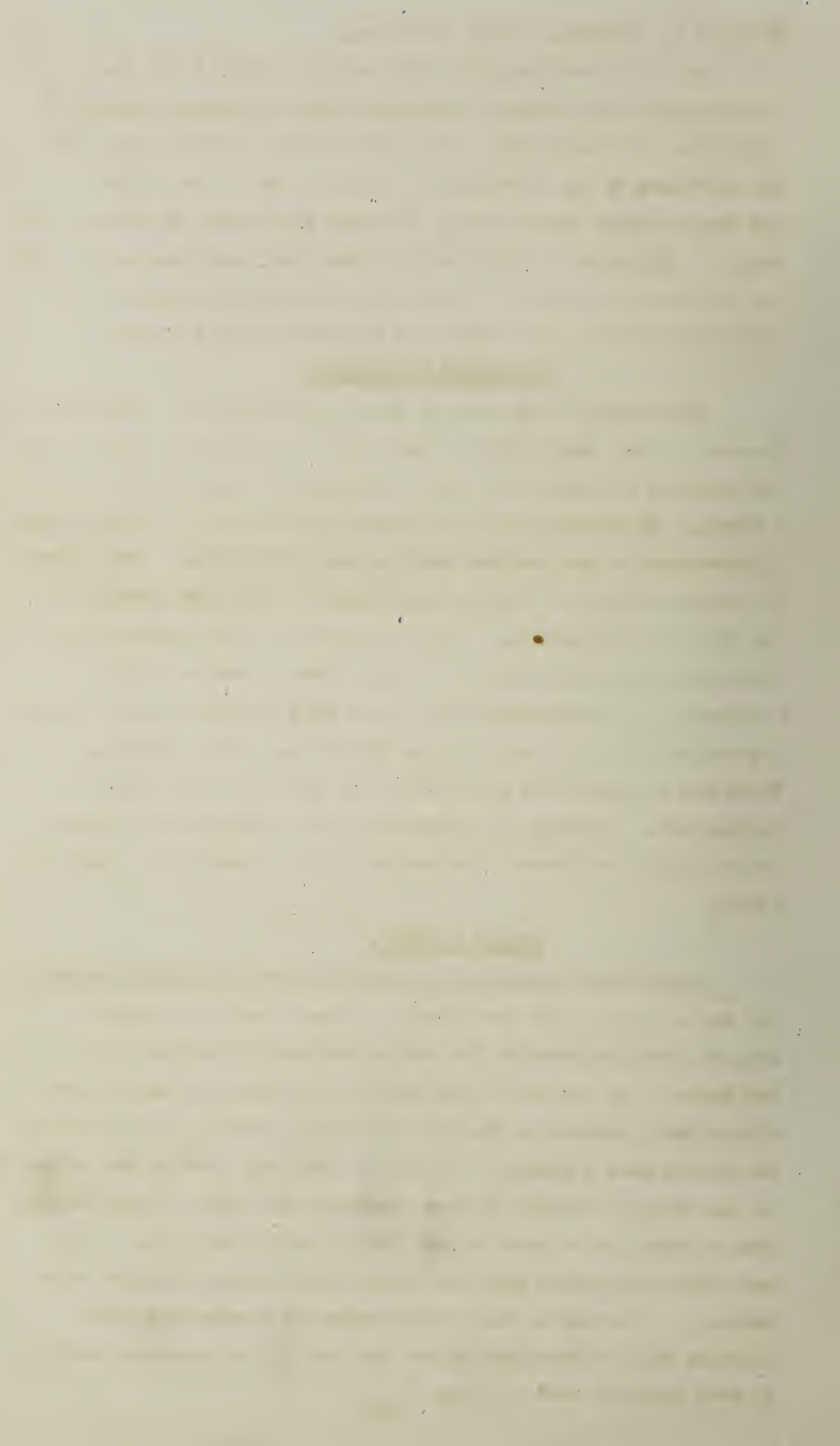
On Tuesday and Wednesday, July 16th and July 17th, 1918, the Northampton County Nursing Association held an Infant Welfare Exhibition at Peterborough. On July 17th the meeting was opened and addressed by the Marchioness of Exeter and by the Chairman of the County Health Committee, Mr Alderman J.H. Booby, who was in the Chair. Dr Latham and Dr Peach-Hay also addressed the meeting and the statistical side of the matter as affecting the County of the Soke of Peterborough was explained by your Medical Officer.

INSPECTION OF MIDWIVES.

Dr Collins of 18, Lincoln Road, Peterborough, is the Inspector. He reports that there were six midwives in practice, either on their own account, in connection with Nursing Associations or Institutions. A Nursing Institution in Peterborough employed no less than 6 different midwives during the year but only attended 16 births. The number of births attended by midwives was 126, of which 118 occurred in the City of Peterborough. At Peterborough, in addition to the midwives at the Institution mentioned above, there are three midwives, two being unqualified, i.e., bona fide midwives. One of the unqualified midwives attended 103 births and the other 5. There are two qualified midwives in the Rural District and one unqualified. Medical Assistance was only summoned four times; for stillbirth on three occasions and for the death of a premature infant.

HEALTH VISITOR.

Nurse Bean continued her excellent work as Health Visitor in the Rural Districts of the County. The cases to be visited are each week selected by the County Medical Officer and given to the Nurse. At the end of the week the schedules of each infant visited are returned to the County Medical Officer. Each village is visited once a month. Details of sanitary defects are referred to the District Medical Officer concerned and cases of malnutrition from poverty are referred to the Public Health Committee. One such case was granted milk for a short time during the year under review. Notices on the proper method of feeding are sent, together with instructions as to the care of the expectant mother, to each notified case by post.



For the year commencing September 1st 1917 and ending August 31st, 1918, 1,294 visits were made by Nurse Bean. 639 of these were to 168 recently born babies and 655 visits to 186 babies visited in the previous year. The majority of the children were strong and well-cared for.

Fourteen, however, died, five of these being stillborn and five more being premature. Four of these five premature children were twins. Ill-health of the mothers accounted for two of the stillbirths, pleurisy with effusion being recorded in one and anaemia in the other. A fall downstairs of the mother caused the premature birth of two children. Two infants died shortly after birth from no definite causes and two more died from wasting diseases. One of these wasting infants was illegitimate.

52 of the 168 children visited were attacked during the first year with ailments, some trifling and others serious.

Nine were badly nourished, nine suffered from bronchitis, one from pneumonia, seven from discharging eyes or ophthalmia neonatorum, five from anaemia, four from indigestion, three from measles, two from whooping cough, two from mumps, two from rupture, two from convulsions and one from each of the following complaints - ear discharge, rickets, syphilis, excema and cleft palate.

Nearly one third of the children born in the Rural, and therefore, more healthy parts of the County require skilled medical attendance during the first years of life.

31 of these 52 ailments may be fairly ascribed to faulty methods of feeding. In 155 of the 168 infants visited accurate information is available. In the first place the unhygienic dummy-teat was used by 105 of 67% of the 168 children visited. Long tubed feeding bottles are recorded in only four instances; dirt bottles only in one. 87 of the 155 of only 56% were fed on the breast entirely throughout the first year. 47 were fed on the breast the first three months but afterwards this was given up and bottle feeding substituted, a percentage of 30. Twenty-one, a percentage of nearly 14 were fed on the bottle from birth. It is regrettable that so large a percentage of children should be artificially fed. A systematic enquiry was made into the health of the mothers before

and after birth. 67, a percentage of nearly 40, suffered considerably from bad teeth. It is regrettable that no steps have yet been taken to provide dental treatment for the whole population. Carious teeth cause far more ill-health, loss of time and bad work than all the alcohol, all the race courses and all the billiard and card tables put together. Much surgery and many gallons of drugs would be saved if a systematic campaign of this nature were started. 23 of the mothers suffered from constipation and 13 from anaemia. These conditions are to a certain extent dependent on bad teeth. 4 suffered from varicose veins and rheumatism, 3 from respiratory diseases and 3 from heart disease. 5 were afflicted with digestive troubles, three of which were dependent on ulcerated stomach and bowels. 2 were recorded to be suffering from goitre, a disease dependent to some extent upon polluted water supply. Several other mothers suffered from one or more of the following troubles:- pleurisy, floating kidney, erysipelas, dropsy, mammary abscesses and disorders of the womb.

It would appear from these figures that about 50% of the mothers suffer continuously from more or less chronic diseases and that for nearly 49% of these ailments, viz., bad teeth, there is no provision. Voluntary hospitals are usually thought to undertake the treatment of disease. As a matter of fact their limitations as regards funds, space and staff prevent them from treating of anything but collapse from disease. This they do splendidly, but the early symptoms of serious disease such as detailed above do not come within the ken of the hospital physician or surgeon and do not form the subject of his instruction to students. Consequently, they are regarded as trivial and do not receive the treatment that is their due.

Various sanitary defects were reported by the Health Visitor. In 65 of the 163 houses visited, over 32%, grossly insanitary vault closets were noted. In one village, three of these insanitary structures were the only conveniences provided for seven houses. In 63 instances there was insufficient paving or none at all. In 49 there were defective drains or no drains at all. In 35 there was no place to store food. Ventilation was defective in 15 and 20 were seriously damp. A polluted water supply was recorded

in 10 properties. Three homes had serious dilapidations of roofs, floors and walls.

5 cases of overcrowding were brought to the notice of the Sanitary Authorities. In one, a family of 11 were sleeping in two bedrooms; in another, a like number found accommodation in three rooms, and in a third a family of ten had only two upstairs rooms at their disposal. It would appear therefore, that although much had been done in this County for the improvement of rural housing, much remains to be accomplished.

Turning now to the 186 old cases it is satisfactory to record that only five died, one from convulsions, one from pneumonia, two from bronchitis and one from vomiting. In one of the cases of bronchitis the mother went to work. Measles were not very common, one six children were attacked. Only one case of chicken pox was noted and four cases of whooping cough occurred. There were ten cases of bronchitis and three of pneumonia. Only four cases of diarrhoea and vomiting occurred. Six of the infants were wasted or badly nourished.

TUBERCULOSIS

Consumption of the Lungs.

<u>DISTRICT</u>	<u>NO OF DEATHS 1917.</u>	<u>RATE.</u>
City of Peterborough.	36	1.03
Poterborough Rural District.	9	1.56
Barnack Rural District.	3	1.6
ADMINISTRATIVE COUNTY.	40	1.06

There were 48 deaths from consumption as compared with 36 in 1916, 37 in 1915, 40 in 1914, 30 in 1913 and 32 in 1912. Six of these deaths occurred in areas outside the County, several of them occurring at the Kesteven and other Asylums. The highest rate occurs in the Barnack Rural District and the lowest in the City of Peterborough. The following are the notifications of pulmonary tuberculosis:-

City of Peterborough.	69
Peterborough Rural District.	11
Barnack Rural District.	0
ADMINISTRATIVE COUNTY.	80

In 1916 there were 72 notifications, 54 in 1915, 57 in 1914, 85 in 1913 and 116 in 1912. Owing to the War and to decreased food

there has been an increase both in the deaths and the number of cases notified, not only in this County but throughout the British Isles.

DEATHS FROM TUBERCULOSIS OR ORGANS

OTHER THAN THE LUNGS.

<u>DISTRICT</u>	<u>NO OF DEATHS 1917.</u>	<u>RATE</u>
City of Peterborough	14	1.40
Rural District of Peterborough.	9	1.4
Rural District of Barnack.	-	-
ADMINISTRATIVE COUNTY.	23	1.05

From consumption of organs other than the lungs there were 23 deaths. Nine of these were due to tuberculous meningitis. In 1913 there were 12 deaths, in 1915 13, in 1914 14, in 1913 23, and in 1912 14. The following are the number of cases notified in the County:-

City of Peterborough	31
Barnack Rural District.	-
Peterborough Rural District	9
ADMINISTRATIVE COUNTY.	40

19 cases were notified in 1916, 17 in 1915, 33 in 1914 and 37 in 1913. During the year the County Council has continued the agreement with the County Insurance Committee, has received the sanction of the Local Government Board to retain one bed permanently at the Eversfield Chest Hospital, West Hill, St Leonards-on-Sea for the treatment of the uninsured, and has made arrangements with the X ray department of the Peterborough Infirmary for examinations of chests by the screen and for photographs. These are specially valuable for patients undergoing pneumothorax treatment and in doubtful cases.

A full report on the work undertaken at the Tuberculosis Dispensary will be detailed in another report, but I must here allude to the necessity for an after-care committee to help those who have returned from Sanatoria and who are no longer fit for the stress of industrial life.

VENEREAL DISEASES REGULATIONS 1916.

During the year the Council concluded an agreement with the Governors of the Peterborough Infirmary who undertook to provide clinics for the out-patient treatment of venereal diseases, and one bed for males and

one for females requiring in-patient treatment by Salvarsan substitutes or in urgent need of surgical treatment. The out-patient clinic is open in the morning from 10-30 to 12-30 on Tuesdays, Wednesdays, Fridays and Saturdays. In addition, an evening clinic is held for women on Wednesdays from 8 to 9 p.m. and for males on Tuesdays and Thursdays at the same hour. The treatment is available for all classes of cases, irrespective of locality or means, and no hospital letters are required. Patients must, however, bring with them Form V3. The following medical men were appointed by the Infirmary and were approved by the Local Government Board:-

Henry Latham, Esq., M.B., C.H., B.Sc.
 John Norton Collins, Esq., M.D.
 R.A. Walker, Esq., M.B., F.R.C.S.

The following charges were agreed to:-

Use of premises and cost of additional equipment	£ 76
Salary of Medical Officers.	300
Part time services of nurse and male orderly at the out-patient clinic.	26
The actual cost of Salvarsan and other drugs.	-
In-patient treatment.	100
Cost of clerical work, stationery and postages.	<u>20</u>
TOTAL	£522

The above estimate was made on the supposition that 80 syphilitic persons and 500 persons suffering from gonorrhoea would present themselves for treatment. As a matter of fact, 52 syphilitic persons and only 48 cases of gonorrhoea were treated. Consequently, the Medical Staff of the Infirmary returned half the salaries for the year to the County Council.

Arrangements were made with the Public Health Department of the Manchester University and subsequently with the pathological Department of the same University for the various biological tests and microscopical examinations. The following were the fees charged:-

Wassermann Tests.	5/- each.
Tests for the detection of spirochaetes.	3/6d "
Tests for the detection of gonococci.	3/6d "
Retaining fee.	£6:15s.

The reports on the examinations of the specimens are sent to the County Medical Officer who takes a copy and sends on the original to the Medical Officer of the Clinic or to the practitioner concerned.

The Scheme was thoroughly advertised in the Local Press. The following letters were sent to all medical men, living or practicing in the District, and to 112 members of the general public, e.g., clergymen of all denominations, employers of labour, the police, probation officers, clerks to the District Councils, Poor Law Guardians, secretaries of trade unions, insurance agents, head teachers, midwives, nurses and chemists.

1st LETTER TO MEDICAL MEN.

"Dear Sir,

I beg to inform you that the following arrangements have been made for the treatment of syphilis in its primary, secondary, tertiary and congenital manifestations; for gonorrhoea and its surgical complications, and for soft sore. The County Council for the Soke of Peterborough has made an agreement with the Peterborough Infirmary to hold sessions for the treatment of venereal diseases on Tuesdays, Wednesdays, Fridays and Saturdays between the hours of 10-30 a.m. and 12-30 p.m.; also between the hours of 8 p.m. and 9 p.m. on Tuesdays and Fridays for males and between 8 p.m. and 9 p.m. on Wednesdays for females. Treatment will be strictly confidential and no out-patient letters will be required. Patients must, however, present Form V8, which may be obtained from the patient's own medical adviser, or on application by post addressed to the County Medical Officer, Ketton, Stamford, or personally from the County Medical Officer at 28, Fitzwilliam Street, Peterborough, on Wednesdays and Saturdays between the hours of 3 p.m. and 7 p.m., or by letter addressed to the Medical Officer of Health for the City of Peterborough. One bed for male patients and one for female patients will be available for those who require in-patient treatment.

The County Council has also entered into an agreement with the University of Manchester to perform all the necessary laboratory work in connection with the diagnosis of syphilis, gonorrhoea and soft sore. Outfits for receiving blood and other material may be obtained upon application on one of the forms provided for the use of medical practitioners from the House Surgeon at the Peterborough Infirmary, who will at once send by post or otherwise the necessary outfit.

Provision of Arsenical Compounds: Kharsivan, Arsenobillon, Novarsenobillon, Galyt, etc., will be supplied free of cost by the House Surgeon at the Peterborough Infirmary to practitioners who possess the qualifications required by the Local Government Board in their letter of August 29th 1915. A list of the practitioners who possess these qualifications is being prepared and I should be glad to know if you wish your name to be placed on the list and would send me the necessary particulars as to experience. The Local Government Board considers one or other of the following qualifications necessary:-

- (a). Holds a certificate of having satisfactorily fulfilled the duties of clinical assistant in a Hospital department recognised by the Local Government Board in connection with a local authority's scheme for the diagnosis and treatment of venereal diseases in their communicable stages;
- (b). Holds a certificate of satisfactory attendance at a course of instruction of diagnosis and treatment of venereal diseases (including intravenous medication) in such Hospital department or in a recognised medical school or post-graduate college;
- (c). Is, or has been within the last five years, a member of the permanent staff of a Hospital managed by a Committee and containing not less than fifty beds;

- (d). Produces satisfactory evidence other than that indicated in the foregoing paragraphs that he has had adequate experience in the administration of these drugs by intravenous medication.

The Clinical Medical Officers would welcome the presence of practitioners at the Venereal Clinic to be held at the Peterborough Infirmary.

I enclose herewith application forms for:-

1. Pathological outfits.
2. Approved substitutes for Salvarsan.
3. Warning to patients after administration of Salvarsan.
4. Description of specimen to be sent to the Laboratory.
5. Copies of instructions to patients suffering from syphilis and gonorrhoea.
6. A card to be given to patients stating days and hours of consultation.
7. A copy of a circular letter to the Public.

With regard to "No 4", Professor Delepine has drawn up a form of his own, which may be obtained upon application, together with the outfit.

Yours faithfully,

CHRISTOPHER ROLLESTON.

"
School Medical Officer."

2nd LETTER TO MEDICAL MEN.

"Dear Sir,

re Diagnosis of Venereal Diseases.

The Scheme for the treatment and diagnosis of venereal diseases has now been in operation for some five months, and, although a certain amount of work has been undertaken, it does seem that the facilities have not been sufficiently realised by the Profession.

The Wassermann re-actions are, as you are probably aware, undertaken by Professor Dean of Manchester, who is an acknowledged expert on the matter. These tests are available, not only for persons suffering from early manifestations of syphilis but also for all cases where stillbirth and abortion have occurred. On the examination of the latter great stress is laid by the Local Government Board at the present time and my Public Health Committee would esteem it a great favour if you could persuade your patients to submit samples of blood and samples of the products of conception to examination.

I should also state that Wassermann tests are available for all cases of nervous diseases, mental diseases and deficiency, all cases of heart disease and aneurism and all cases of tumour of which the nature is uncertain.

Outfits for obtaining blood and samples of cerebro-spinal fluid may always be obtained from the House Surgeon at the Peterborough Infirmary upon application either personally or by letter.

Yours faithfully,

CHRISTOPHER ROLLESTON.

"County Medical Officer".

1st LETTER TO THE GENERAL PUBLIC.

"Dear Sir (or Madam),

re Venereal Diseases.

I beg to inform you that a full scheme for the diagnosis and treatment of venereal diseases has been arranged by the County Council and has been approved by the Local Government Board. The County Council for the Soke of Peterborough has made an arrangement with the Peterborough Infirmary to hold sessions for the treatment of venereal diseases on Tuesdays, Wednesdays, Fridays, and Saturdays between the hours of 10-30 a.m. and 12-30 p.m.; and between the hours of 8 and 9 p.m. on Tuesdays and Fridays for males and between 8 and 9 p.m. on Wednesdays for females.

Treatment will be strictly confidential and no out-patient letters will be required. Patients must, however, present Form VB which may be obtained from the patient's own medical adviser, or on application to the County Medical Officer by post at Ketton, Stamford, or personally from the County Medical Officer at 28, Fitzwilliam Street, Peterborough, on Wednesdays and Saturdays, between the hours of 3 p.m. and 7 p.m., or by letter addressed to the Medical Officer of Health for the City of Peterborough. One bed for male patients and one for female patients will be available for those who require in-patient treatment.

The County Council has made an agreement with the University of Manchester to perform all the necessary laboratory work in connection with the diagnosis of syphilis, gonorrhoea and soft sore. Outfits for receiving blood and other material may be obtained upon application on one of the forms provided for the use of medical practitioners from the House Surgeon at the Peterborough Infirmary, who will at once send by post or otherwise the necessary outfit. Forms for this purpose will be supplied to all medical men in the District.

I should specially like to call your attention to the great dangers of these diseases and in this connection I enclose an informing pamphlet issued by the Local Government Board. Others can be sent if required.

It is especially with regard to women that your help is needed by my Council. Women are often prevented by shame from applying for treatment until too late.

At the Peterborough Infirmary a special evening clinic will be reserved for female patients on Wednesday evenings between the hours of 8 and 9 p.m., while female patients can also be seen from 10-30 a.m. to 12-30 p.m. on Tuesdays, Wednesdays, Fridays and Saturdays.

Yours faithfully,

CHRISTOPHER ROLLESTON.

County Medical Officer."

2nd LETTER TO THE GENERAL PUBLIC (Men only)

"Dear Sir,

re Venereal Diseases.

It is satisfactory to learn from reports received from the Peterborough Infirmary that infected persons are beginning to take advantage of the special opportunities for the treatment of these diseases, although not so freely as might have been hoped. That greater use has not, up to the present time, been made of existing facilities is, in considerable degree due to the fact that many persons are not aware of these arrangements nor of the gravity of these ailments. The Public Health Committee of the County Council for the Soke of Peterborough has decided to invite you and other prominent citizens to attend a meeting at which a speaker from the National Council for Combating Venereal Diseases will be present. In addition, Dr Collins and the County Medical Officer have been asked to address the meeting.

It is proposed to set before the meeting the gravity of these diseases and to discuss the measures to be taken to insure the success of the scheme for the diagnosis and treatment of these

maladies. The meeting will be held at the Boardroom, Peterborough, on Wednesday, March 6th, 1918, at 7-30 p.m. I need scarcely say how greatly the County Council for the Soke of Peterborough would appreciate your attendance at the meeting and your subsequent co-operation.

I am, Dear Sir,

Yours faithfully,

CHRISTOPHER ROLLESTON.

County Medical Officer."

During the year two successful meetings have been held, one for persons in a position to influence the youths of the District, e.g., Insurance Agents, Secretaries to Trade Unions, etc. This meeting was held at the Boardroom, County Alderman J. Batten being in the Chair. The meeting was addressed by Mr E. B. Turner, F.R.C.S., the well-known speaker from the National Council for Combating Venereal Diseases; by Dr Collins, acting Medical Officer of Health for the City of Peterborough and Medical Officer of Health for the Rural District of Peterborough, and by the County Medical Officer.

A second and very crowded meeting was held in the Co-operative Hall for women only. At this meeting, Mrs Scharlieb, the eminent London Surgeon, addressed the audience.

The questions of additional meetings and of providing posters giving information to the Public are now receiving the attention of your Public Health Committee.

WORK OF THE VENEREAL CLINIC.

Since the Clinic opened on October 1st 1917 to September 30th 1918, 100 persons have been examined and treated. 48 of the patients were treated for gonorrhoea and 52 for syphilis.

35 of the patients suffering from gonorrhoea were males and 13 females. 33 of the syphilitic patients were males and 19 females. These figures illustrate the fact that women do not apply as readily as men for treatment and propaganda work is more urgently required among women than among men.

The 100 patients made 718 attendances during the year under review, a little over 7 attendances per patient per year. 10 patients received in-patient treatment during the year and remained 245 days in Hospital. 47 patients were treated with Salvarsan or its substitutes and 220 doses of these drugs were administered.

24 of the patients came to the Clinic from other areas, outside the County. The localities, the number of patients from each area and the County Council concerned are as follows:-

<u>LOCALITIES</u>	<u>NO OF PATIENTS.</u>	<u>COUNTY COUNCIL.</u>
March.)	4)	Isle of Ely.
Whittlesea. (5(=10	Isle of Ely.
Chatteris.)	1)	Isle of Ely.
Crowland.)	4)	Holland, Lincs.
Boston. (1(=5	Holland, Lincs.
Yaxley.)	3)	Hunts.
Old Fletton (3(Hunts.
Ramsey.)	1) =8	Hunts.
Farcet. (1(Hunts.
Elton.)	1)	Hunts.
Deeping St James.	1) =1	Kesteven, Lincs.

78 samples were examined microscopically at the Infirmary.

These were, with five exceptions, for the detection of gonococci.

The number of patients examined at the Clinic, although considerably less than the original estimate and probably representative of only a fraction of the actual amount of disease really present in satisfactory when compared with other areas.

Thus, at Bootle, a town of 69,881 persons, 104 patients were treated during a little more than nine months and made 649 attendances.

In Derbyshire, a County with a population (excluding Derby County Borough) of 436,696 inhabitants, only 49 cases were treated during a period of six months.

In Cambridgeshire, including the County Borough, with a population of 128,322 persons, 128 patients attended the Clinic during 12 months and made 858 attendances.

It may be concluded therefore, that in comparison with other areas the position of this County is satisfactory, but here, as in England and Wales as a whole, the general public do not realise the gravity of these diseases and that the most strenuous propaganda work is required. If such work fails it may be necessary for the Government to have recourse to other methods, e.g., the compulsory notification of all venereal diseases, followed by compulsory treatment. Lastly, the question of prophylactic treatment of the disease immediately after sexual connection is attracting much attention at the present time. It seems uncertain if these methods are absolutely

sure. They should be thoroughly tried by animal experiment and if successful, the information should be conveyed to the general public; if unsuccessful the results of the experiment should be published by an authoritative Committee of medical men and scientists.

SUMMARY OF THE WORK PERFORMED AT THE MANCHESTER
PATHOLOGICAL LABORATORY IN CONNECTION WITH
THE DIAGNOSIS OF VENEREAL DISEASES.

64 samples were sent to the Pathological Laboratory. 61 of these were samples of blood, two of exudation of sores and one sample of sputum. The last three were for the detection of spirochaetes. It is regrettable that no samples of cerebro-spinal fluid and no samples of the products of conception in stillbirth and abortion were sent to the Laboratory. 30 of the 61 samples of blood were positive and 31 negative. One of the films sent for the detection of the spirochaeta pallida, the organism carrying syphilis, was positive and the other two were negative.

44 of the 64 samples were sent by the Peterborough Infirmary, 12 by the Tuberculosis Officer and only 6 by private practitioners. 5 of these eight were sent by one practitioner, 2 by another and 1 by a third.

The connection of syphilis with tuberculosis will be alluded to in the report of the Tuberculosis Officer. All patients examined at the Dispensary who shew any signs or symptoms of this disease have samples of blood submitted to examination. 4 of the 12 samples so submitted were positive. During the year two practitioners furnished satisfactory evidence of competence in the administration of Salvarsan and its substitutes and were formally approved.

CEREBRO-SPINAL MENINGITIS.

During the year the County Council made arrangements with the Public Health Department of the Manchester University to examine samples of cerebro-spinal fluid derived from persons resident in the County suffering, or supposed to be suffering, from cerebro-spinal fever. Outfits for diagnosis are stored at the homes of Dr Collins at 18, Lincoln Road, Peterborough, and of Dr Greenwood at

36, St Mary's Street, Stamford. Outfits may be obtained for the diagnosis of all cases occurring in the City and Rural District of Peterborough from Dr Collins and from Dr Greenwood for all cases occurring in the Barnack Rural District.

Arrangements have been made with the Lister Institute to supply serum for the curative treatment of the disease. The Medical Officer in question will telegraph to the Institute for the serum which at present is too scarce to be kept in stock.

EPIDEMIC DEATH RATE. 1917.

There were 15 deaths in the County of the Soke of Peterborough from the principal epidemic diseases. The actual number of deaths in each area are displayed in the following table. The numbers in brackets refer to the death rates:-

Disease.	Peterboro' City.	Peterboro' R.D.	Barnack R.D.	Total.
Enteric fever.	2 (.05)	-	-	2 (.04)
Measles.	3 (.08)	1 (.11)	-	4 (.09)
Scarlet Fever.	3 (.08)	-	-	3 (.06)
Diphtheria.	2 (.05)	1 (.11)	-	3 (.06)
Diarrhoea.	3 (5.0)	-	-	3 (3.7)
TOTAL	13 (.37)	2 (.23)	-	15 (.33)

It should be noted that the rates for diarrhoea are calculated, not on the population, but upon the rate per 1000 births. This year the zymotic death rate is the lowest recorded since 1912.

NOTIFICATION OF INFECTIOUS DISEASES.

During the year, excluding cases of tuberculosis, 435 cases were notified as follows:-

Disease.	Peterborough City.	Peterborough R.D.	Barnack R.D.	Total.
Measles	263	15	3	281
Scarlet Fever.	102	7	1	110
Diphtheria.	20	1	-	21
Erysipelas.	12	4	-	16
Cerebro-spinal fever.	5	1	-	6
Ophthalmia Neonatorum	1	-	-	1
Polio-myelitis.	1	-	-	1
TOTAL	403	28	4	435

Dr Collins remarks that there were two outbreaks of measles in the City of Peterborough - one in May to July and the other in November. Two deaths occurred in the City and another resident died from this disease when away from the City. One death occurred in the Rural District of Peterborough.

SCARLET FEVER. Only 64 of the 102 cases occurring in Peterborough were removed to Hospital. Two of the 34 died in Hospital, one from

septicaemia and the other from meningitis, due to a mastoid abscess. Another case died from septicaemia at home. There were two return cases, the septicaemia case being one of these. Generally, the disease was mild.

DIPHTHERIA. 18 of the 20 cases from the City were removed to the Isolation Hospital and two died. One of the twenty cases was one of Vincent's Angina and not true diphtheria. One case occurred in the Peterborough Rural District which unfortunately died. Dr Collins remarks that the two cases notified as enteric fever were both negative. One was probably pneumonia and the other cerebro-spinal fever, but notification of the latter did not reach the Public Health Department until after the death of the patient. No autopsy was allowed. One resident died away from Peterborough of this disease. It is pleasing to record the almost total absence of enteric fever throughout the County. This disease is rapidly becoming extinct.

CEREBRO-SPINAL FEVER. There were three notifications of cerebro-spinal fever, two from the City and one from the Rural District of Peterborough. The latter occurred in a soldier who was removed to Cambridge together with the contacts. This patient recovered. One of the two cases occurring in the City died but the other recovered. Another case was not notified during life but was certified to have died of this disease. It was almost certainly tuberculous meningitis.

A draughtsman who worked in Peterborough but lived in London died in the Metropolis. Two contacts to this patient were found to be harbouring the germ and did so for many weeks.

The case of ophthalmia neonatorum was fortunately mild in type.

ISOLATION HOSPITALS.

During the year the small-pox Hospital was used for the isolation of the three cases of cerebro-spinal fever. The Staff of the Hospital has been entirely changed. The laundry has again been utilized and no garments are now sent out.

18 cases of diphtheria, 64 of scarlet fever, 2 of enteric (one of these being from outside the County), and one case of septicaemia, 85 in all, were treated at the Isolation Hospital. Dr Collins remarks

upon the desirability of adding an observation block for doubtful cases to the already existing accommodation.

of enquiry

In the City of Peterborough 106 visits/were made with regard to the 121 cases of infectious diseases by Mr Seden and his staff.

196 rooms were disinfected for infectious diseases and 45 rooms for phthisis. 271 articles of bedding were disinfected after infectious diseases and 381 in cases of tuberculosis. One house was disinfected in the Barnack Rural District.

SEWERAGE, DRAINAGE AND POLLUTION OF STREAMS.

No extensive alterations have been made in the City of Peterborough but 63 drains have been cleaned, repaired or relaid and 31 new water closets have been provided.

Mr Penwill, Inspector for the Peterborough Rural District, remarks that the electrical power at the Stations is very ineffective owing to the variation in the strength of the current which is derived from the Electric Tramway Trolley Line. The starting and re-starting of the trams causes the variability of the strength of the current and the resulting change in power seriously affects the wiring and small fittings. There is consequently a risk of the motors being burnt out. The pump at the Walton Street Station was faultily fixed at the start and is unable to run for any length of time.

Mr Penwill warns his Committee that if there should be a serious breakdown at Walton the sewage would flow on to the main road. This has been obviated to some extent by taking a pump from the Werrington Station to supplement the one at Walton. In the meantime it is unsafe to make any more drainage connections in Walton and Werrington but it has been found possible to connect ten houses at Dogsthorpe.

Frequent complaints are made as to the want of deep drainage at Fengate and Gunthorpe. A new surface drain was completed at Walton and 88 yards of new sewer at Peakirk.

Scavenging of night soil was satisfactorily carried out at Castor, Ailsworth and Barnack. House refuse is collected at Walton. In the Barnack Rural District 118 drains were inspected and nuisances were abated in 53 instances. New gulleys were provided in 9. Seven new water closets were erected and 2 new pail closets were provided.

WATER SUPPLY.

The water supply to the City of Peterborough remains unchanged. Owing to the excessive waste of water from the Corporation supply, Mr Noble, Assistant Inspector, was delegated to assist in the waste water inspections of the Waterworks Department.

Mr Penwill reports that 29,313,000 gallons of water were purchased from the City of Peterborough by the Rural District. The supply has been well maintained at Walton, Gunthorpe, Paston, Peterborough Without, Werrington and Longthorpe.

Owing to the restrictions imposed by the Ministry of Pensions, wrought iron pipes have been substituted for lead in house connections.

The Bores at Peakirk, Glinton and Helpston continue to yield fair but diminishing supplies. The first named is still leaking badly.

Five samples of water were submitted to the County Medical Officer for analysis and three of these were condemned. Satisfactory water supplies are urgently needed at Newborough, Borough Fen and Castor.

Of nine samples taken in recent years at Castor five have been condemned for gross organic contamination.

HOUSING AND TOWN PLANNING ACT 1909.

In the City of Peterborough 82 houses were formally inspected under the above Act as compared with 273 in 1916, 177 in 1915, 281 in 1914, 179 in 1913, 115 in 1912, 55 in 1911 and 52 in 1910. Only four new houses were completed during the year.

The Corporation is now (1918) considering the question of actively proceeding with the building of a certain number of houses of an excellent type. Mr Penwill remarks that few routine inspections have been carried out under the Act during the year owing to the impossibility of getting any repairs executed. Several houses which could have been made habitable at the beginning of War are now ^{beyond} repair. Nine houses were formally inspected during the year. One notice was served, nine closing orders were made, two determined and nine houses were repaired.

Four houses were completed during the year, three at Garton End and one at Paston. No plans have been submitted for dwelling houses. The Peterborough Rural District has now decided to build 270 houses in addition to the 34 houses already erected at Walton and Eye.

In the Barnack Rural District 78 houses were reported on and 160 inspections were made. Defects were found in eleven and rectified in three. No closing orders were made.

COMMON LODGING HOUSES.

Ten were on the register at the beginning of the year. All are situated in the City of Peterborough.

One establishment was closed during the year. On the whole the premises are satisfactorily kept. One cautionary letter was sent and 89 visits were paid.

Houses let in lodgings.

Twelve are registered and 20 visits were paid. The houses were found to be satisfactory.

SLAUGHTERHOUSES.

The number of slaughterhouses has diminished. There are now only 18 in the City as compared with 24 last year. Eleven are situated in the Rural Districts. Mr Seden remarks that the slaughterhouses have been kept as well as can be expected but not up to the pre-war standard. In only one of the Peterborough slaughterhouses has there been considerable neglect and in this one constant visits - 193 in all - were paid. 584 visits were paid to the remaining 17. Mr Seden reports that the following was the number of animals killed locally:-

Beasts.	2352
Sheep.	10172
Pigs.	8753

In the Barnack Rural District 18 inspections were made of the three slaughterhouses. Nuisances were abated in three.

No mention is made in the Peterborough Rural District reports as regards the condition of the slaughterhouses, which is a matter for regret as a very considerable portion of the meat supplied to the City is slaughtered at Newark.

INSPECTION OF MEAT AND FOOD.

Mr Seden reports that during the year 20 beasts, 4 heifers and 4 cows were surrendered on account of generalized tuberculosis and were entirely destroyed. The forequarters of three beasts were also surrendered for the same reason. Two pigs were surrendered for tuberculosis and two for erysipelas. One sheep's carcass, four pigs'

heads, 30 pounds of beef, 20 pounds of cooked tripe, one barrel of pickled herrings and 13 baskets of plums were also given up.

Eight parts of the carcasses of two drowned sheep were found in a butcher's shop by the Inspector. The defence was that they were intended, not for human, but for poultry and pigs' food. The case was dismissed by the Magistrates after a hearing of four hours as there was some doubt in favour of the defendant.

SALE OF FOOD AND DRUGS ACT.

In the City of Peterborough 74 samples were taken during the year. 44 samples were of milk, 15 of butter, 3 of lard, 3 of coffee, 2 of arrowroot, 3 of spirits of nitre, 2 of ammoniated tincture of quinine and 2 of tincture of iodine. 44 of these were taken formally and the remaining 30 informally.

41 of the samples of milk were genuine and gave an average composition as follows:-

3.42 of fat.
8.74 solids not fat.

"Appeals to the cows" were made in two instances. In one of these the result of the second analysis was the same as the first. In the second case the original sample was 20% deficient in fat. Three 'following up' samples were taken and found to have the composition of ordinary milk. The case was brought before the Magistrates but was dismissed.

In the area administered by the County Council Mr Elborne reports that 51 samples were taken informally and one formally. The formal sample was one of milk and was genuine.

Two of the 51 informal samples were adulterated. Both of these were samples of milk. One was 13.4% deficient in fatty solids and the other contained 3.77% of extraneous matter.

PUBLIC HEALTH (MILK AND CREAM) REGULATIONS.

An amending order was made during the year reducing the possible amount of preservative in cream from 0.5% to 0.4%. A label must be fixed to the receptacles containing preserved cream to the effect that cream containing preservative is unfit for infants and invalids. It does not appear that any samples were taken under this order during the year.

BAKEHOUSES.

Mr Seden reports that there are now only 41 bakehouses on the register as compared with 46 in 1916. 77 inspections were made and the conditions were satisfactory. No reports are made in the Peterborough or Barnack Rural District reports.

DAIRIES, COWSHEDS AND MILK SHOPS ORDER.

Mr Seden reports that there are 11 cowkeepers in the City, 15 purveyors of milk and 9 shopkeepers who sell milk. 80 visits were paid during the year.

Mr Penwill reports that owing to circumstances mentioned in previous reports inspection becomes futile. Reference to past reports reveals the fact that the access to the sheds is bad, the sheds are faulty in construction and the cows are usually in a filthy condition.

Some of the dairies in the Rural District of Peterborough have as many as 50 cows. In the Barnack Rural District there are 14 cowkeepers and 180 visits of inspection were made.

7 were found to require linewashing and in 2 structural repairs were needed. These requirements were duly executed.

The condition of the milk business is extremely unsatisfactory and in view of the fact that milk is of such importance to infants and young children it is extraordinary that the Public tolerate such disgusting conditions.

CHRISTOPHER ROLLESTON.
